



Partnering for Lifelong Health

Clinton

Family Health Team

Clinton FHT Walking Group Consent

I know that walking is a potentially hazardous activity. I should not enter a walking program if there is any known reason I should not be doing so.

I have read, understood, and completed the “Get Active Questionnaire” and take full responsibility to discuss any related concerns with my family doctor.

I acknowledge the effects of indoor temperatures including air-conditioning, high heat, or that falls and contact with other participants are all risks being known and appreciated by me. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release the Clinton Family Health Team, and all their leaders, staff and volunteers from all claims or liabilities of any kind arising out of my participation in these activities even if that liability may arise out of negligence.

If you can not answer “yes” please talk to your family doctor or provider.

Do you agree with the above statement(s)? Yes _____

Name: _____

Signature: _____

Date: _____